Civil Action No.

17-3369

### PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

This summons for (name of individual of	and title, if any) Come	IMONWEALTH OF	C PA: A. DESTREST ARTO	DWENS Office
was received by me on (date) 5/1/18				
☐ I personally served the summon	s on the individual a	t (place)	FILE	
		on (date)	MAY 15 2	,
☐ I left the summons at the individ	dual's residence or us	sual place of abode	KATE BARKMAN e with (name)D	l, Clerk ep. Clerk 
	The second secon	_	d discretion who res	sides there,
-	d mailed a copy to the			
I served the summons on (name of	of individual) OIST	unwealth of A resctattorne	PA. Lys office	, who is
designated by law to accept service	of process on behalf	f of (name of organize	ation) Commonwe	Alth of PA
		on (date) 5	/8/18	; or -
☐ I returned the summons unexec	uted because			; or
Other (specify): Summon!	s was seeved	By wayo	FREST CLASS	maiL
My fees are \$ for t	travel and \$	for service	ces, for a total of \$	
I declare under penalty of perjury th	at this information is	s true.		
Date: 5/8/18	Ro	bet Jaylor Serve	er's signature	
MECEIVEN		BERT TAYLO		
MAY 1 5 2018	Box 125		PHIA, PA, 19 15 ver's address	1

I hereby certify that a copy of the
foregoing document was mailed this
<u>5/8/18</u> to:
Month, Day, Year
THE COMMONWEAITH OF PENNSYLVANIA
Name: Commonwealth of PENNSYLVANIA DISTRICT ATTORNEYS OFFICE
Address: 3. S. PENN SQUARE
PHILANEIPHIA, PA, 19107
Robert Laylor Signature
Signature

Civil Action No.

17-3369

### PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

he summons at	, a pers	on (date)	
	, a pers	r usual place of abode with a	
	, a pers	•	name)
	· · ·		
		on of suitable age and discre	tion who resides there
	, and mailed a copy to	the individual's last known	address; or
ed the summons	on (name of individual)	ECOMMONWEAITH COURT MINAL JUSTICE CENTER (	PHILADELPHIA (CJC) ,
d by law to acco	ept service of process on bel	half of (name of organization) $ au$	HECOMMONWEAL!
ILADEIPHEA (	PIMINAL JUSTICE CENTE	p(C30) on (date) 5/8/18	; or
ned the summo	ns unexecuted because		
(specify): SU	MMONS WAS SEEVED	BY WAY OF FIRST S	hass mail
re \$	for travel and \$	for services, for	a total of \$
nder penalty of	perjury that this informatio	n is true.	
3		Robert Jaylor Server's signe	nture
	man majalaga da Tira, mara dal	ROBERT TAYLOR Printed name an	nd title
	TLADELPHEA ( rned the summon (specify): S U	rned the summons unexecuted because  (specify): SUMMONS WAS SEEVED  re \$ for travel and \$  under penalty of perjury that this information	re \$ for travel and \$ for services, for under penalty of perjury that this information is true.  Round Jaylor Server's signal

I hereby certify that a copy of the
foregoing document was mailed this
5/8/18 to:
Month, Day, Year
THE COMMONWEALTH COURT PHILADELPHIA Name: <u>CRIMINAL JUSTICE CENTER (CJC)</u>
Address: 1301 FILBERT STREET
PHILADELPHIA, PA, 19107
· · · · · · · · · · · · · · · · · · ·
Robert Laylor

Signature

Rev. 10/2009

Civil Action No. 17-3369

### PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

eived by me on (date) 5/1/18	JUBBE LIGHTIF LADILY	BO-CRIMINAL JUSTICE CENTER
3/1/18	_•	
☐ I personally served the summons on the indiv	vidual at (place)	
	on (date)	; or
☐ I left the summons at the individual's residen	nce or usual place of abode with (r	aame)
	person of suitable age and discret	
on (date) , and mailed a cop		
I served the summons on (name of individual)	JUDGE FRANK PALUMBO	, who is
designated by law to accept service of process or		
PHILADELPHIA COMMONWEALTH COURT (C.S	on (date) 5/8/18	; or
☐ I returned the summons unexecuted because		; or
Other (specify): Summon was seeved	BY WAY OF FIRST CLASS /	nAIL
My fees are \$ for travel and \$	for services, for a	a total of \$
My fees are \$ for travel and \$  I declare under penalty of perjury that this inform		a total of \$
programme and many page 18 and the contraction of t	nation is true.	a total of \$
I declare under penalty of perjury that this inform	Robert Laylon Server's signal	a total of \$
I declare under penalty of perjury that this inform	nation is true.	ture

AO 440 (Rev. 06/12) Su	mmons in a Civil	Action	(Page 2)
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Civil Action No. 17-3369

		PRO	OF OF SER	VICE		
	(This section	should not be filed with	h the court ur	aless required b	y Fed. R. Civ. P. 4	(1))
TTI :	C		THECZ	TY OF PHILA	DELPHIA	
I nis	s summons for (na	me of individual and title, if a	any) CITY of	PHILADELPHIA	LAW DEPARTME	WT
was received	d by me on (date)	5/1/18	*			
г	T	141	45-25 4-2-21 -4-7			
	I personally serve	d the summons on the i	ndividual at (į			
Maria de la companya				On (date)		; or
	I left the summon	s at the individual's res	idence or usua	al place of abod	e with (name)	
			, a person of	suitable age and	d discretion who res	ides there,
on (	date)	, and mailed a				
TZ	I served the summ	nons on (name of individua	U THE C	DE PHILADELP	a ea law d <b>e</b> paq	MENT, who is
des	ignated by law to	accept service of proces	ss on behalf o	f (name of organize	ation) THE CETY	OF PHTLADELPH
		JA LAW DEPARTMEN				
<u>( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )</u>	7 VT I I SUNULI II.	IN CHA PEPIRCITIES	24		4/10	•
	I returned the sum	amons unexecuted becar	use			; or
$\mathbf{A}$	04					
V	Other (specify): S	UMMONS WAS SERVE	OBY FIRS	TUASS MA	<i>ī</i>	
_						
My	fees are \$	for travel and	\$	for service	ces, for a total of \$	
I dec	clare under penalt	y of perjury that this inf	formation is tr	rue.		
Date: 5/	0/10			well fay	182	
Date. 37	0/18		^		er's signature	
		-		ROBERT TA	TyLOR I name and title	
				rrintea	пите ини ние	
		1	Ray 12 = 21	1 PHTIANE	PHIA, PA, 19K	7
		•	IW 2	Serv	er's address	<u> </u>

I hereby certify that a copy of the
foregoing document was mailed this
<u>5/8//8</u> to:
Month, Day, Year
THE CITY OF PHILADELPHIA  Name: CITY OF PHILADELPHIA, LAW DEPARTMENT
Address: 1515 ARCH STREET
PHILADELPHIA, PA, 19102

Robert Taylor Signature

Civil Action No.

17-3369

### PROOF OF SERVICE

This summons for (name of individua		CITY of PHIA DELPH	IA, Police		7461
was received by me on (date) 5/1/18	•	•	0014	<i>5/0 #</i>	1.101
☐ I personally served the summo	ons on the indiv	idual at (place)			
		on (date)		; or	
☐ I left the summons at the indiv	idual's resident	ce or usual place of abode with	(name)		
		person of suitable age and discr		sides the	re,
on (date), a	nd mailed a cop	by to the individual's last know	n address; or		
I served the summons on (name		Police officer obrien			
designated by law to accept service	ce of process on	behalf of (name of organization)	CITYOF	PHIL	adelph:
POLICE DEPARTMENT		on (date) 5/8/	18	; or -	
I returned the summons unexe	cuted because				; or
Other (specify): SUM MONS	was seeve	edby Firest class MA	11		
My fees are \$ for	r travel and \$	for services, for	r a total of \$	4	
I declare under penalty of perjury	that this informa	ation is true.			
Date: 5/8/18		Rovent Faylor Server's sign	nature		
		ROBERT TAYL Printed name of			
	Во	X 12524 PHILADELPH	LA, PA, 1	9151	···

I hereby certify th	at a copy of the
foregoing document v	vas mailed this
<i>5/8/18</i> to:	
Month, Day, Year	
CITY OF PHIL	ADELPHIA POLICE
Name: OFFIC	ER OBRIEN # 7461
Address: 1515 ARC	h STREET
PHILA DELI	PHIA, PA, 19102
	Signature
	Signature

Civil Action No.

17-3369

#### PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

This summons for (name	me of individual and title, if any)	THE PHILADEUHLARISONS CURRAN-REOMHOLD CORRECTION	SYSTEM/OEPARTMENT OF PROSE VALEAGLETY (CFCF)
received by me on (date)	5/1/18	_ •	
☐ I personally serve	d the summons on the indiv	idual at <i>(place)</i>	
		on (date)	; or
☐ I left the summon	s at the individual's residen	ce or usual place of abode with	(name)
	, a	person of suitable age and discre	etion who resides there,
on (date)	, and mailed a cop	by to the individual's last known	address; or
I served the summ	nons on (name of individual)	THE PHILADELPHIA PRISON SYSTE VISONS CURRAN-FROMHOLD CORR	ectional facility , who is
			HEPHILADEPHIA PRISON SYSTE
ept. of Presons CURRAN-	FROM HOLD CORRECTIONAL FACE	Lity (CFCF) on (date) 5/8/1	<b>?</b> ; or
☐ I returned the sum	mons unexecuted because		; or
Other (specify): 5	ummons was served l	By Flust class MAIL.	
My fees are \$	for travel and \$	for services, for	a total of \$
I declare under penalt	y of perjury that this inform	ation is true.	
5/8/18		Robert Laylor Server's signa	ature
		ROBERT TAYL Printed name a	oR_

I hereby	certify that a copy of the
foregoing do	ocument was mailed this
5/8/18	to:
Month, Day, Yea	r
	HE PHILADELPHIA PRISON SYSTEM/DEPT, OF PRISONS URRAN-FROMHOLD CORRECTIONAL FACILITY
Address	: 7901 STATE ROAD
	PHILADELPHIA, PA, 19136
	Robert Saylor
	Signature

Rev. 10/2009

AO 440 (Rev. 06/12) Summons in a Civil Action (F	(Page	Action (Pa	Civil.	in a	Summons	06/12)	Rev.	AO 440 (
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Civil Action No. 17-3369

### PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	(1 mis section sn	outa noi ve jueu wiin ine cou	rt uniess required by Tea. A. Ci	v. T. 4 (1))
	This summons for (name	of individual and title, if any) wh	IRDEN GERALD MAY (C	FCF)
was re	ceived by me on (date)	5/1/18	•	-
	☐ I personally served	the summons on the individua	l at (place)	
			On (date)	; or
	☐ I left the summons a		usual place of abode with (name)	1 1 41
			on of suitable age and discretion v	
	on (date)	, and malled a copy to	the individual's last known addre	ess; or
	I served the summon	ns on (name of individual) WA	RDEN GERALD MAY	, who is
	designated by law to ac	cept service of process on beh	alf of (name of organization)	LAN-FROMHOLD
	CORRECTIONAL FACE	LITY.	on (date) 5/8/18	; or
		ons unexecuted because		; or
	Other (specify): So	mmon's was selved	BY WAY OF FREST CLA	ss mail
	Mr. fore our C	for troval and C	for complete for a total	l of ¢
	My fees are \$	for travel and \$	for services, for a tota	101 \$
	I declare under nenalty o	of perjury that this information	n is true	
	r declare under penalty (	or perjury that this information	i is true.	
Data	5/8/18		On a Ang. In	
Date:	3/8//8		Server's signature	
			0-0-0000	
			ROBELT TA YLOR Printed name and title	
		•	Δυ	
		BOX 12	524 PHILADELPHIA, PA, 1	9151

I hereby certify that a copy of the
foregoing document was mailed this
5/8/18 to:
Month, Day, Year
WARDEN GERAID MAY Name: CURRING-FROMHOLD CORRECTIONAL FACILITY
Name. CURRUN-FROMHOLD CORRECTIONAL PACILITY
Address Man offer
Address: 7901 STATE ROAD
PHILADELPHIA, PA, 19136

Rolut Jaylor Signature

Civil Action No. 17-3369

### PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

l personally served	d the summons on the individual a	it (place)	
		on (date)	; or
☐ I left the summons	at the individual's residence or u	sual place of abode with (n	ame)
		of suitable age and discret	
on (date)	, and mailed a copy to the	e individual's last known a	address; or
I served the summ	ons on (name of individual) SGT	LERESZO	, wh
designated by law to a	accept service of process on behal	f of (name of organization)	URRAN-FROMHOLD
	CELETY (C FCF)	on (date) 5/8/18	; or
CORRECTIONAL FI	mons unexecuted because	on (date) <b>5/8/18</b>	
I returned the sum	mons unexecuted because		
I returned the sum	mons unexecuted because		:
I returned the sum	•		;
I returned the sum.  Other (specify):	mons unexecuted because  Summows was Seeve	D By way of Fire	T CIASS MAIL.
I returned the sum	mons unexecuted because		T CIASS MAIL.
I returned the sum:  Other (specify):  My fees are \$	mons unexecuted because  Summows was Seeve	P BY way of FIRS	T Class MAIL.
I returned the sum:  Other (specify):  My fees are \$	for travel and \$	P BY way of FIRS	T CIASS MAIL.
I returned the sum:  Other (specify):  My fees are \$  I declare under penalty	for travel and \$	for services, for a	at class MAiL.
I returned the sum:  Other (specify):  My fees are \$	for travel and \$	P BY way of FIRS	total of \$
I returned the sum:  Other (specify):  My fees are \$  I declare under penalty	for travel and \$	for services, for a	at class MAiL.

I hereby certify that a copy of the
foregoing document was mailed this
<i>5/8/18</i> to:
Month, Day, Year
SGT, LEBESCO Name: CURRAN-FRAMHOLD CORRECTIONAL FACILITY
Address: 7901 STATE ROAD
PHILADELPHIA, PA, 19136
RobertSaylon
Robert Saylon Signature

Rev. 10/2009

Civil Action No.

17-3369

#### PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

~ Programily out 100	d the summons on the individual a		; or
		on (date)	, 01
☐ I left the summons	s at the individual's residence or u	•	
		of suitable age and discretion who	
on (date)	, and mailed a copy to th	e individual's last known address; o	or
I served the summ	ons on (name of individual)	PHILADELPHIA SHERRY.	coffice.
designated by law to a	accept service of process on behal	f of (name of organization) THEAL	TI A DEI PH
SHEATER OFF	Tre	on (date) 5 8/12	; or
		on (date) <b>5/8/18</b>	; or
	mons unexecuted because	On (date) 5/8/18	; or
I returned the sum	mons unexecuted because		; or 
I returned the sum	mons unexecuted because	on (date) 5/8/18  By Filst Class Mail	; or
I returned the sum	mons unexecuted because		; or
I returned the sum	wons unexecuted because		
I returned the sum:  Other (specify):  S	wons unexecuted because	By First class Mail	
I returned the sum:  Other (specify):  My fees are \$	wons unexecuted because	for services, for a total of	
I returned the sum:  Other (specify):  My fees are \$  I declare under penalty	for travel and \$  y of perjury that this information is	for services, for a total of strue.	
I returned the sum:  Other (specify):  My fees are \$	for travel and \$  y of perjury that this information is	for services, for a total of	

BOX 12524 PHTLADELPHIA, PA, 19151
Server's address

I hereby certify that a copy of the
foregoing document was mailed this
<i>5/8/18</i> to:
Month, Day, Year
Name: THE PHILADELPHIA SHERIFFS OF FICE
Address: LAND TETIE BUILDING
100 S. BROAD STREET
PHILADELPHIA, PA, 19110
Roller Sanglor
Signature

Civil Action No.

17-3369

#### PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

☐ I personally served	the summons on the individual	at (place)	
		on (date)	; or
☐ I left the summons	at the individual's residence or	usual place of abode with (nat	ne)
	, a perso	n of suitable age and discretion	n who resides there,
on (date)		the individual's last known ac	
H	ons on (name of individual)	e philaselphita Pul	oliC
I served the summo	ons on (name of individual)	endbls associatio	, wh
designated by law to a	accept service of process on beh	alt of (name of organization)	he phidadell
blic Defenders	ASSOCIATION	on (date) <b>5/8//</b>	; or
Treturned the sum	mons unexecuted because		
I returned the sum	mons unexecuted because		
		l Rywayof Fire	T class mail
	mons unexecuted because	l Byway of Firs	T class mail
Other (specify):	ummons was selve		
Other (specify): Sometimes of the specify):	for travel and \$	for services, for a t	
Other (specify): Sometimes of the specify):	ummons was selve	for services, for a t	
Other (specify): Some My fees are \$	for travel and \$	for services, for a t	
Other (specify): Sometimes of the specify):	for travel and \$	for services, for a t	
Other (specify): Some My fees are \$	for travel and \$	for services, for a t	

Box 12524 PHILADELPHIA, PA, 19151

Server's address

I hereby	certify that a copy of the
foregoing do	cument was mailed this
5/8/18	to:
Month, Day, Year	
Name: <u>#</u>	E PHILADELPHIA PUBLIC DEFENDERS ASSOCIATION
Address.	1441 SAMSON STREET
_	PHILA DELPHIA, PA, 19102
_	
	Robert Saylor
	Signature

Civil Action No.

17-3369

#### PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

☐ I personally serve	d the summons on the individual a	(place)	
		on (date)	; or
☐ I left the summon	s at the individual's residence or u	ual place of abode with (name)	
	, a person	of suitable age and discretion who r	esides there,
on (date)	, and mailed a copy to th	individual's last known address; o	r
designated by law to	accept service of process on behalf	of (name of organization) PHILA  on (date) 5/8/18	
CVAILC OFFERAL  I returned the sun	accept service of process on behalf	of (name of organization) PHILA  on (date) 5/8/18	; or;
designated by law to  PUBLIC OFFERAL  I returned the sum  Other (specify):	accept service of process on behalf  LS ASSOCIATION  amons unexecuted because  Umme NS WAS SELVED	of (name of organization) PHILA  on (date) 5/8/18  By way of first	; or ; c/ASS;
designated by law to  PUBLIC OFFERDI  I returned the sum  Other (specify):  My fees are \$	accept service of process on behalf  LS ASSOCIATION  amons unexecuted because  Umme NS WAS SERVED  for travel and \$	of (name of organization) PHILA on (date) 5/8/18  By way of first for services, for a total of \$	; or ; c/ASS;
designated by law to  PUBLIC OFFERDI  I returned the sum  Other (specify):  My fees are \$	accept service of process on behalf  LS ASSOCIATION  amons unexecuted because  Umme NS WAS SELVED	of (name of organization) PHILA on (date) 5/8/18  By way of first for services, for a total of \$	; or ; c/ASS;
designated by law to  PUBLIC OFFERDI  I returned the sum  Other (specify):  My fees are \$	accept service of process on behalf  LS ASSOCIATION  amons unexecuted because  Umme NS WAS SERVED  for travel and \$	of (name of organization) PHILA on (date) 5/8/18  By way of first for services, for a total of \$	; or ; c/ASS;

Box 12524 PHTLADEL PHIA, PA, 19151
Server's address

I hereby certify that a copy of the
foregoing document was mailed this
<i>5/8/18</i> to:
Month, Day, Year
Name: CHRIS ANGELD (Public DeFender)
Address: 1441 SAMSON STREET
PHILADELPHIA, PA, 19102
Rover Laylon
<u>Rover Saylor</u> Signature

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